WMS.5000.0037.00003

Referees

Risto Ala-Outinen Barrett Adolescent Unit - Nurse Unit Manager. The Park – Centre for Mental Health, Wacol. Contact Email:
Dr. Hanne Gudiksen Barrett Adolescent Uni – Registrar. The Park – Centre for Mental Health, Wacol. Contact Number –
Sheena Riordian Child and Youth Mental Health Services. – Registered Nurse. Contact Details: Phone:
Celeste Heilbronn Acceleration Australia – Head Performance Coach. Contact Details: Phone: (Mob)
Julie Nuttall The Townsville Hospital. – Registered Nurse. Contact Details: Phone:
Dr. Peter Isdale The Institute For Molecular Bioscience. – Chief Executive. Contact Details: Phone:
Liz Howlett Australian Institute of Marine Science – Secretary Contact Details: Phone:

WMS.5000.0037.00004

"BP-2"

Exhibit to statutory declaration of Brenton Page

Periods of employment as a Registered Nurse at BAC

Position	Title	Date Commence	Date Cease	Document Reference
	RN Adol WT	24/04/2010	13/06/2010	WMS.5000.0037.00009
	RN Adol WT	14/06/2010	04/07/2010	WMS.5000.0037.00011
	RN Adol WT	05/07/2010	12/08/2010	WMS.5000.0037.00013
	RN Adol WT	13/09/2010	26/09/2010	WMS.5000.0037.00015
	RN Adol WT	27/09/2010	03/10/2010	WMS.5000.0037.00017
	RN Adol WT	04/10/2010	17/10/2010	WMS.5000.0037.00019
	RN Adol WT	08/11/2010	05/12/2010	WMS.5000.0037.00021
-	RN Adol WT	21/02/2011	27/03/2011	WMS.5000.0037.00023
	RN Adol WT	02/05/2011	22/05/2011	WMS.5000.0037.00025
	RN Adol WT	23/05/2011	26/06/2011	WMS.5000.0037.00027
	RN Adol WT	27/06/2011	24/07/2011	WMS.5000.0037.00029
	RN Adol WT	25/07/2011	04/09/2011	WMS.5000.0037.00031
	RN Adol WT	05/09/2011	30/10/2011	WMS.5000.0037.00033
	RN Adol WT	31/10/2011	27/11/2011	WMS.5000.0037.00035
	RN Adol WT	28/11/2011	25/12/2011	WMS.5000.0037.00037
	RN Adol WT	26/12/2011	22/01/2012	WMS.5000.0037.00039
	RN Adol WT	23/01/2012	05/02/2012	WMS.5000.0037.00041
7	RN Adol WT	06/02/2012	04/03/2012	WMS.5000.0037.00043
	RN Adol WT	05/03/2012	24/06/2012	WMS.5000.0037.00045
	RN Adol WT	25/06/2012	22/07/2012	WMS.5000.0037.00047
	RN Adol WT	25/06/2012	08/07/2012	WMS.5000.0037.00076
	RN Adol WT	23/07/2012	19/08/2012	WMS.5000.0037.00079
	RN Adol WT	20/08/2012	30/09/2012	WMS.5000.0037.00083
	RN Adol WT	01/10/2012	11/11/2012	WMS.5000.0037.00090
	RN Adol WT	12/11/2012	10/02/2013	WMS.5000.0037.00086
	RN Adol WT	11/02/2013	12/05/2013	WMS.5000.0037.00094
	RN Adol WT	13/05/2013	18/08/2013	WMS.5000.0037.00098
	RN Adol WT	19/08/2013	15/09/2013	WMS.5000.0037.00105
	RN Adol WT	19/08/2013	29/12/2013	WMS.5000.0037.00053
	RN Adol WT	30/09/2013	29/12/2013	WMS.5000.0037.00115
	RN Adol WT	30/12/2013	26/01/2014	WMS.5000.0037.00125

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] more th	an one position in QLD Health.
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Special conditions (e.g., 12 hour shift arrangements, PANIP Nurses, etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

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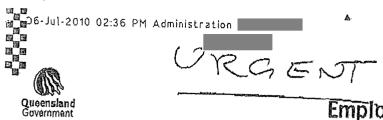
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New Extend	Modily [7]	Type: Higher duties 🗸 Act	ing at level
Position ID	Position title	•	Classification (eg. AO4)
	REGISTERED NURSE	A A A A A A A A A A A A A A A A A A A	GRADE II
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70071571	BARRETT ADOLESCEN	TUNIT	·
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Work Contract	and the second s	And the second s	Control of the Contro
Working arrangements (Full time employees only)	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual)	Single shift only	Four weeks / annum	Working public holidays
Variable working hours	Two shifts	Five weeks / ennum	Continuous shift work
Vina day tarinight	Continuous shift work	Six weeks / ennum	Working with radium
Stendard hours (non ADO	12 hour shift arrangment popular	and the second	(radiographers only)
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This form is to be used by Queensland Health emplappointment to a position either in an 'at level' or t	ovees and line menecers	to document a temporary chai	igo to an emp	loyee's axisting position of tem	porary
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Employee Details					
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			more that	an one position in QLD Health.	
Family name	First name/s				
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. roposed Position Details		127			
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New Extend Modify	X	Type: Higher duties 🗸	Acting	et level	
Position ID	Position title			Classification (eg. AO4)	
	REGISTERED NURSE			GRADE 6	
Organisational unit number	Organisational unit nam	16			
70071571	BARRETT ADOLESCENT	לואט			
Location			Job adver	tisment reference (if applicable	2)
The Park - Centra for Mental Health					
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13-09-2010 26-08-2010	100	. %			%
Current occupant (if applicable)	Reason for high	er duties / acting at level			
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Employment basis					
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Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

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Work Sche	dule cont.		····					4 5			
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Tuesday						Tuesday					
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28-Oct-2010 03:10 PM Administration 32718550





Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capability. **Employee Details**

Person ID	D	ersonnel assignment n	umbar		.		
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Proposed Position Datails							
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Position ID	Pi	sition title		 ,		Classification (eg. AO4)	
, , , , , , , , , , , , , , , , , , ,	F	EGISTERED NURSE				GRADE 5	
Organisational unit number	0	ganisational unit nam	9				
70071571		ARRETT ADOLÉSCENT I	TINL				
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The Park - Centre for Mental Health							
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Other (Please refer to the Payroll and Ro	ostering intranet Site (PARIS) for more inform	ation)				
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Privacy disclaimer: The collection of personal information on this for consent unless required by law. Use of personal	Information on this form is rest	ricted to thos	e involved in the	authorisation a	nd processing	of this form,	•		
[his form is to be used by Queensland temporary appointment to a position	d Health employees and lin either in an 'at level' or high	e managers ner duties ca	to document a apacity.	temporary ch	nange to an e	mployee's exis	ling position	or	
Employee Details	•								
Person ID	Personnel as	ssignment n	umber			indicate (🗸) l			
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PAGE	BRENT	ON					·		
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Indicate below if this form relates to either a ne	ew appointment, an extension	n to an existi	ng appointment	or a modificat	ion of a previo	ously document	ed appointmer	nt	
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Current occupant (if applicable)			er duties / actin	g at level	L				
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Special conditions (e.g. RANIP Nurses, etc.).	applies Please refer to the Payroll a	nd Rosterin	g Intranet Site (PARIS) for m	ore informatio	on.			
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			Person ID					Perso	nnel	assignmen	tinumbe	ır		•	
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18-Apr-2011 03:05 PM Administration

Queensland Government	Employee Movement - Temporary (Higher Dutles/Acting at Level)
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	rganisational unit name
	BARRETT ADOLESCENT UNIT
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OR A non-cyclic roster (a roster pattern that varies from regular intervals e.g. formightly / monthly)

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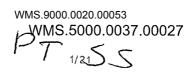
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18-Apr-2011 03:05 PM Administration

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23-05-2011 26-06-2011	employees under the provisions of the Public Service Act 100 %
Organisational unit number	Organisational unit name
70071571	BARRETT ADOLESCENT UNIT
Facility address	lob advertisement reference (if applicable)
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Employee Movement - Temporary - (Higher Duties/Acting at Level)

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Employee Movement - Temporary Oueensland Government (Higher Duties/Acting at Level) | Privacy disclaimer: The collection of personal information on this form is exhibit sed under the Public Service XC 2008. Your personal information will not be disclosed to other parties without your personal information will not be disclosed to other parties without your personal information on this form a personal information on this form is festively an other involves in the cultification and processing of this form. A This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity. CONTRACTOR OF STANGE STANGED Employee/Details Newson to the Property of Managers 1995 Person ID Personne) assignment number Please indicate (/) here if you work in more than one position in QLD Health. Family name First name/s PAGE **BRENTON** Proposed Change Type Higher duties Acting at level indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment Extension Modification Proposed Position Details Position ID Classification (eg. AO4) Posițian țitia REGISTERED NURSE **GRADE 5** Start date Percentage of allowance End date Percentage of higher duties allowance payable applies only to 27-06-2011 24-07-2011 100 employees under the provisions of the Public Service Act Organisational unit number Organisational unit name 70071571 BARRETT ADOLESCENT UNIT lob advertisement reference (if applicable) Facility address THE PARK CENTRE FOR MENTAL HEALTH Current occupant (if applicable) Reason for higher duties / acting at level Concurrent / Aggrégate: Please indicate (🗸 hare if the amployee will continue to hold thair existing position in conjunction with the proposed position 🔲 **Employment basis** Full-time No. of part-time hours / fortnight: Award/EBA name Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc Staff Movement Details Reason for vacancy **RN on Higher Duties** Work Contract: Working arrangements Shift arrangements Recreation leave accrual Reason for additional weeks leave 19 day month (ADO accrual) Working public holidays Single shift only Four weeks / annum Standard hours (non ADO accrua) Two shifts Five weeks / annum Continous shift work П v Working with radium Variable working hours Continuous shift work Six weeks / annum (radiographers only) 12 hour shift arrangement Nine day fortnight applies Special conditions (e.g. RANIP Nurses, etc.). Please refer to the Payroll and Rostering intrenet Site (PARIS) for more information. Work Schedule Please Indicate (🗸) here if this A cyclic roster (where the roster pattern repeats at A non-cyclic roster (a roster pattern that varies from one cycle to the next) employee works either: regular intervals e.g. fortnightly / monthly) Iv_emp_mev_high_dut/Nevember2010/v.5 1 of 2

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Family name	First name/s		
PAGE	BRENTON		
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70071571 Facility address	BARRETT AD	OLESCENT UNIT	untilen man a ferman (if an alfanklu)
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Employment basis	The employee will continue to t	old their existing position in conjuncti	on with the proposed position
Full-time Part-time	✓ No. of part-t	ime hours / fortnight: 64	
Award/EBA name			
Nurses (Queensland Public Hea	alth Sector) Award 200	04 - Section B - Psychiatr	ic Hospitals etc
Staff Movement Details			
Reason for vacancy			
RN on Higher Duties			
Work Contract			
Working arrangements S	hift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual)	lingle shift only	Four weeks / annum	Working public holidays
Standard hours (non ADO accrual T	wo shifts	Five weeks / annum	Continous shift work
Variable working hours C	ontinuous shift work	Six weeks / annum	Working with radium
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Privacy disclaimer: The collection of personal information on this for consolit unless required bylaw. Use of person	orm is authorised under the Public Service A al information on this form is restricted to the	ut 2008. Your personal information will not be	disclosed to other parties without your
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Variable working hours	Continuous shift work	Six weeks / annum	Working with radium
Nine day fortnight	12 hour shift arrangement		(radiographers only)
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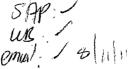
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THE PARK CENTRE	FOR MENTAL							
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Privacy disclaimer: The collection of personal information of consent unless required by law. Use of p	o nomental intermation o	n uns torm is resur	cted to those	involved in the aut	horisation and	processing of thi	s form.	
This form is to be used by Que temporary appointment to a p	eensland Health em osition either in an	ployees and line 'at level' or high	managers t	o document a te	mporary chai	nge to an emplo	yee's existing position	1 or
Employee Details								
Person ID	gumentania i seniantanian e ejer	Personnel as:	signment nu	ımber	<u> </u>	Please inc	icate (🗸) here If you w	ork in -
							one position in QLD H	
Family name		First name/s						
PAGE		BRENT	ON	<u> </u>			·	
Proposed Change Type								
Higher duties Acting a	nt level 🔲							
Indicate below if this form relates to eit	ther a new appointme	ent, an extension	to an existin	g appointment or	a modification	n of a previously	documented appointme	ent
New Extensi	ion 🗸	Modificat	ion					
Proposed Position Details						Marie Sa		
Position ID		Position title		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Classification (eg.	. AO4)
		REGIST	ERED	NURSE			GRADE 5	
	date	Percer	ntage of high	ner duties allowa	nce payable	applies only to	Percentage of allo	
<u> </u>	5-02-2012	emplo	yees under	the provisions of			100	%
Organisational unit number		Organisationa			r t (NII)			
70071571 Facility address		BARRE	II ADC	DLESCENT		lob advertisem	ent reference (if applica	able)
THE PARK CENTRE F	OR MENTA	L HEALTH					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Current occupant (if applicable)				duties / acting a	t level			
Concurrent / Aggregate: Please Indic	ate (√) here if the e	mployee will cor	itinue to hol	d their existing p	osition in co	njunction with	the proposed position	
Employment basis		. <u> </u>		1				
Full-time	Part-time] No	o. of part-tim	e hours / fortnig	ht: 64			
Award/EBA name			····	ţ.				
Nurses (Queensland Pu	blic Health S	sector) Awa	ard 2004	- Section I	B - Psyc	hiatric Ho	spitals etc	
Staff Movement Details	1.70	11.9% (A.T.)						
Reason for vacancy			and the second		ada Berber (art da la como	de Barton Guaria va		
RN on Higher Duties								
Work Contract								
Working arrangements	Shift an	rangements		Recreation I	leave accri	1	ason for additiona eks leave	al
19 day month (ADO accrual)	Single sh	ift only		Four weeks / a	ลักกบกา	□ w	orking public holidays	
Standard hours (non ADO accrual	Two shift	s		Five weeks / a	nnum	✓ Co	ntinous shift work	V
Variable working hours	Continuo	us shift work		Six weeks / ar	num		orking with radium	רח
Nine day fortnight	}	hift arrangement	· 🗆			(ra	diographers only)	لدا
Special conditions (e.g. RANIP Nurses	, etc.). Please refer t	to the Payroll and	d Rostering	Intranet Site (PAI	RIS) for more	information.		
Vork Schedule		13.1	<i>4.</i>	ing the second s		•		
	cyclic roster (where gular intervals e.g. f			1 1 118	non-cyclic ro ne cycle to th		attern that varies from	
hr_emp_mov_high_dut/Novomber2010/v.5				_		/	D = 0	1 of 2
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			Person ID				Perso	onnel	assignme	ent nui	mber		
Employee	Reference)						T	T	Τ	TT		
Please comp	lete the table	below usin	g 24 hour tim	ne format (eg.	07:00 - 15:30)) to advise the e	mployee	's ro:	ster for the	eir initi	ial two we	ek period of e	mployment.
Week one						Week two						,	
			Meal	break*		T. Assault in the				-	Meal	break*	<u> </u>
Day	Start time (hhimm)	End time (hh:mm)	Start time (hh:mm)	End time (hh:mm)	Total daily hours	Day	Start t		End tim (hh:mm)	e S	tart time (hh:mm)	End time (hh:mm)	Total daily hours
Monday	as	per	BAU	roster		Monday	as	•	per		BAU	roster	
Tuesday						Tuesday							
Wednesday				,		Wednesday				\top			
Thursday				:		Thursday		_		1			
Friday				53. 1 E 11		Friday				+		 	
Saturday						Saturday				+	··		
Sunday		· · · · · · · · · · · · · · · · · · ·				Sunday		\neg		+			
			Total w	eekly hours	32					L_	Total v	l veekly hours	32
Where a paid me	al break applies,	nlessa insert N				<u> </u>							
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Supervisor's	signature				Date		Area	code	;	Conta	ct number		
				-	05	-01-2012	(0:						
Supervisor's t	full name (ple	ase print)		SI.					s position				
							A/N	UF	SE M	ANA	AGER		 ,
mployee (Certificatio	n											
pplicable), l FBT Conces position, er	also certify th sion Eligibility aployment sta y line manage	at I have be y status that atus, terms (en informed may result fi of employme	by my line ma rom this varia nt and/or ros	anager/super ition to my en ter. I also ack	n for the extra rer visor of the consin poloyment contra nowledge that as ward provisions.	equence act and	s of t	his chang	e to m	y:	ture, the cont	•
elegate A	pproval							Valla Valla					
the employe	e's entitleme	nt to recurri	ng allowance	changes, ple	ease complete	e and forward the	releván	t forr	n/s.				
	her Duties or				da Bau Sirt ore					(. e ·		Yes 🗍	No 🗀
viii the emplo Delegate's <u>si</u> g		ated a gover	nment owner	a motor venic	tie for private Date	use or home gara	aging du Area				ier? :t number	ies []	140
ologate 3 sid	noter e				— —	1-2012	(07			CONTRACT	t Humber		
elegate's ful	l name (pleas	e arint)			0340	1-2012			position	title			
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rocessor's si	gnature	r	Date	. Re	viewer's signa	ature		Dat	e		Proces	ssed fortnight	ending
								L			J L		
nr_emp_may_hig	h_dut/November:	2010/v.5											2 of 2







Privacy disclaimer: The collection of personal information on this form consent unless required by law. Use of personal in	Is authorised under the Public Service A	ut 2008. Your personal information will no	t be disclosed to other parties without your
This form is to be used by Queensland	Health employees and line manage	ers to document a temporary change to	
temporary appointment to a position e	ither in an 'at level' or higher duties	capacity,	, and the second
Employee Details Person ID	Paramana and an in-		
reisonid	Personnel assignmen		Please indicate (<) here if you work in more than one position in QLD Health.
L Family name	First name/s		more than one position in QED health.
PAGE	BRENTON		
Proposed Change Type		######################################	
	<u> Profesionario e e se se se se se propriedo de la co</u> 		· · · · · · · · · · · · · · · · · · ·
Higher duties Acting at level Indicate below if this form relates to either a new New Extension Proposed Position Details	_ y appointment, an extension to an exi ✓ Modification	sting appointment or a modification of a	previously documented appointment
Position ID	Position title	2 / J. 1890 - 20 / 1890 18 / 10 J.	Classification (eg. AO4)
	REGISTERE	D NURSE	GRADE 5
Start date End date			Percentage of allowance
06-02-2012 04-03-2		higher duties allowance payable appli der the provisions of the Public Service	ies only to
Organisational unit number	Organisational unit na	•	
70071571	BARRETT AI	DOLESCENT UNIT	
Facility address	7.01 ° 70	lob a	dvertisement reference (if applicable)
THE PARK CENTRE FOR M			
Current occupant (if applicable)	Reason for hig	her duties / acting at level	
Concurrent / Aggregate: Please Indicate () h</td <td>ere if the employee will continue to</td> <td>hold their existing position in conjunc</td> <td>ction with the proposed position</td>	ere if the employee will continue to	hold their existing position in conjunc	ction with the proposed position
Employment basis			
Full-time Part-tim	ne 🗸 No. of part	-time hours / fortnight: 64	
Award/EBA name			
Nurses (Queensland Public H	ealth Sector) Award 20	04 - Section B - Psychia	tric Hospitals etc
Staff Movement Details			
Reason for vacancy			
RN on Higher Duties	www.maranian.com/maranian.com/maranian.com/maranian.com/maranian.com/maranian.com/maranian.com/maranian.com/ma		
Work Contract			
Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual)	Single shift only	Four weeks / annum	Working public holidays
Standard hours (non ADO accrual	Two shifts	Five weeks / annum	Continous shift work
Variable working hours	Continuous shift work	Six weeks / annum	Working with radium
Nine day fortnight	12 hour shift arrangement	JIX WEEKS / BINIGHT	(radiographers only)
, ,	applies	1	
Special conditions (e.g. RANIP Nurses, etc.). Pl	ease refer to the Payroll and Roster	ing intranet Site (PARIS) for more infor	mation.
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Work Schedule			
	ter (where the roster pattern repeal ervals e.g. fortnightly / monthly)	ts at OR A non-cyclic roster one cycle to the ne	(a roster pattern that varies from xt)
hv_emp_mov_high_dut/Novembor2010/v.5			1 of 2

Ouversland	Tana A	aen e									
Government		WELFER	Empl	oyee M	ovemen	t - Tempo	rary - (Higher	Duties/	Acting a	t Level)
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Please comp	lete the table	below usin	g 24 hour tin	ne format (eg	. 07:00 - 15:30) to advise the e	employee's ro	ster for their	initial two we	ek period of e	mployment.
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*Where a paid me	al break applies,	please Insert N	/A for meal break	start and end tin	nes.						<u> </u>
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Please list he	re any appro	ved qualifica	ations that th	nis employee		at will entitle the			(e.g. relevant	AQF qualificat	lions or
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Supervisor	Certificati	on		(14. → (\$ 14)					<u> </u>		
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HES / SES Hig Will the emplo Delegate's sig	oyee be alloc		rnment owne	ed motor vehi	cle for private Date	use or home ga	raging during Area code	•	of relief?	Yes 🗌	No 🗌
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Privacy disclaimer: The collection of personal information on this form is au consent unless required by law. Use of personal information.	thorised under the Public Service Ac	t 2008. Your personal Informatio	n will not be disclosed t	o other parties without yo	ur
This form is to be used by Queensland Heal temporary appointment to a position either	th employees and line manager	s to document a temporary of	State of the state	A CONTRACTOR OF A CONTRACTOR	•
Employee Details		Sapacity.			
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Proposed Change Type					
Higher duties Acting at level Indicate below if this form relates to either a new app New Extension	ointment, an extension to an exis	ting appointment or a modifica	tion of a previously do	cumented appointment	
Proposed Position Details					
Position ID	Position title			Classification (eg. AC)4)
	REGISTERED	NURSE		GRADE 5	
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THE PARK CENTRE FOR ME	VTAL HEALTH				
Current occupant (if applicable)		er duties / acting at level	·		
Concurrent / Aggregate: Please Indicate (✓) here in	I the employee will continue to I	nold their existing position in	conjunction with the	proposed position	J
Employment basis					
Full-time Part-time	✓ No. of part-	time hours / fortnight: 6	4	7	
Award/EBA name					
Nurses (Queensland Public Heal	ith Sector) Award 20	04 - Section B - Psy	/chiatric Hosp	itals etc	
Staff Movement Details					
Reason for vacancy					
RN on Higher Duties			· · · · · · · · · · · · · · · · · · ·		
Work Contract					
	ift arrangements	Recreation leave ac		son for additional ks leave	
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Special conditions (e.g. RANIP Nurses, etc.). Please	plies refer to the Payroll and Rosteri	ng Intranet Site (PARIS) for me	ore information.		
					-7
Work Schedule					
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Employee	Reference	•							1 1		
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Employee Movement Higher Duties/Acting at Level)

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Privacy disclaimer: The collection of personal information on this for consent unless required by law. Use of personal in						hout your
This form is to be used by Queenslance temporary appointment to a position	l Health employees and line r	managers to	document a temporary	the terms of the second		ítion or
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Person ID	Personnel ass	ignment nu	mber (PAN)	Plea	se indicate (🗸) here if y	ou work in .—
					e than one position in t	
Family name	First name/s					
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Visa Notification (if applicable)						
If the employee to whom this movement ap (DIAC) must be notified within 10 working d Email address: QLD.Sponsor, Monitoring@im Note: The sponsorship obligations for visa h	ays of the transfer to a new lo	ocation or po	osition.	·	of Immigration and Cit	izenship
Proposed Change Type						
Higher duties Acting at level	V	٠	A***			
'ndicate below if this form relates to either a ne	growing		appointment or a modifica	ation of a previo	ously documented appoi	ntment
New Extension	✓ Modificat	tion				
Proposed Position Details						······································
Frontline position OR	Non_Front	ine position		Request	to Fill a Vacancy Form a	ttached
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Award/EBA name				<u> </u>	······································	
Nurses (Queensland Public	Health Sector) Awa	ard 2004	I - Section B - P	sychiatric	: Hospitals etc	
Staff Movement Details	1686-15 .	,				
Reason for vacancy						······································
RN DOING HD	***************************************					
Work Contract	•					
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Variable working hours	Continuous shift work		6 weeks / annum		Working with radiu	لـــا
9 day fortnight	12 hour shift arrangemen	t 🗖 📗			(radiographers only	1 1
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Employee	Reference										
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Queensland Government	Employee Mov	vement - Tempo	orary - (Hic	שיים אוטע אוטע פיים iher Duties/Acting at Leve
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Employee Reference				interiction DET (7 AN)
		# 55€ \$	· · · · · · · · · · · · · · · · · · ·	and the second s
Delegate Approval (mandat	ory completion required)			
If the employee's entitlement to rec	curring allowance changes, please	complete and forward the i	elevant form/s.	
HES / SES Higher Duties only: Will the employee be allocated a g	overnment owned motor vehicle	for private use or home gara	alna durina this o	eriod of relief? Yes No
Delegate's signature		Date	Area code	Delegate's Contact number
		07-06-2012	(07)	
Delegate's full name (please print)			Delegate's post	
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Visa Notification (if applicable)		SEECE - SE					, A suffer
If the employee to whom this movement appli (DIAC) must be notified within 10 working day Email address: QLD.Sponsor.Monitoring@imm Note: The sponsorship obligations for visa hold	s of the transfer to a new lo i.gov.au	ocation or po	osition.	•	ment of Immig	ration and Citizensh	ilp
Proposed Change Type				The same and the second			
Higher duties Acting at level vindicate below if this form relates to either a new New Extension Proposed Position Details	······································	, ,	appointment or a n	nodification of a	previously docu	amented appointmen	st .
Frontline position OR	Non_Fronti	line position		Re	quest to Fill a V	acancy Form attache	éd 🔲
Position ID	Position title					Classification (eg.	AO4)
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70071571			DLESCENT	IINUT	***************************************		
Facility address	DANKE	HAD	PESCEIVI		advertisement	reference (if applica	able)
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Current occupant (if applicable)			duties / acting at l	evel			
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imployment basis							
Full-time: Part-tim	ie 🔽 N	lo. of part-tir	ne hours / fortnigh	t: 64			
Award/EBA name		,					
Nurses (Queensland Public H	ealth Sector) Aw	ard 200	4 - Section E	3 - Psychi	atric Hosp	oitals etc	
Staff Movement Details	**************************************	* *	**				
Reason for vacancy	***************************************						
RN DOING HD							
Work Contract							
Working arrangements	Shift arrangements		Recreation le	eave accrual		on for additiona	ıl
19 day month (ADO accrual)	Single shift only		4 weeks / annu	m [Work	ting public holidays	$\overline{\mathbf{V}}$
Standard hours (non ADO accrual	Two shifts		5 weeks / annu	m [v	Z Cont	inous shift work	
Variable working hours	Continuous shift work		6 weeks / annu	m [ing with radium	
9 day fortnight	12 hour shift arrangemer applies				(radio	ographers only)	LI
Special conditions (e.g. RANIP Nurses, etc.). Plea	• •	Rostering In	tranet Site (PARIS)	for more inforr	nation.		·····
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Employee	Reference	!	Person ID	No.			हरू । इ.स.च्या	Personnel	assignment	number (PAN	<u> </u>	
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				s employee p	ossesses ti	nat wi	Il entitle them	to additional	payment (e.g	j. relevant AQI	F qualification:	s or nursing
credentials) u	nder Queens	land Health	policy.		***************************************		***************************************					
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Supervisor	Certificatio	n Imanda	itory comi	aletion red	uired)			And Greeklin	ayataliya			
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· (where the e	mployee is so						novement fron	another wo	rk unit) succe	ssfully negoti	ated the terms	of the
 Informed this 	is employee d	of any chang	es to their FE		Eligibility	statu	s as a conseque					
							, employment oving between					ı or
likelihood o	f extension o	f their previo	us contract)	as a consequ	ence of ac	ceptin	g appointmen	t to this prop	osed position	1.		
Supervisor's s	onature 2			***************************************		Date		Area cod	e Co	ontact numbe	<u> </u>	
						06-0	06-2012	(07)				
Supervisor's it	ni name (pje	ase plinid		· ·	·········		1.		's position tit			
				13790 h	***************************************		· + tems.	A/NUF	RSE MA	NAGER		
Employee C	ertificatio	n (mandat	ory comp	ىزى letion regu	ired - ret	fer no	ote* below)					
agree to the	above change	es to my emp	oloyment ho	urs/position.	I hereby cl	aim fo	r the extra rem	nuneration fo	r hours work	ed in a higher	duties capacit	y (where
							r of the consec yment contrac		is change to	ny:		
position, em	ployment sta	tus, terms of	employmen		er. I also ac	know	ledge that as t		ent is of a ter	nporary natur	e, the contract	may be
ended by m Employee's ste	_	=+ with the d	Phiohiais U	oute in accor		i awai ate	ia piovisions.	Line ma	ınager's sign	ature in lieu*		
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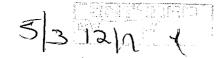
*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.

hr_emp_mov_high_dut/May2012/v,7

2 of 3

Queensland
Government

Quensland Government	Employee Mov	rement - Tempo	rary - (Higl	her Duties	Acting at	: Level
w	Person ID		Personnel assignr			
Employee Reference						
	ne po por	a war to ke				
Delegate Approval (mandate	1417					
If the employee's entitlement to rec	turring allowance changes, please	complete and forward the r	elevant form/s.		***************************************	
HES / SES Higher Duties only: Will the employee be allocated a go	overnment owned motor vehicle for	or private use or home gara	ging during this pe	riod of relief?	Yes	No [
Delegate's signature		Date '	Area code	Delegate's Co	ontact number	
		07-06-2012	(07)			
Delegate's full name (please print)			Delegate's positi	»·····································		······································
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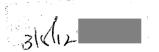


Privacy disclaimer: The collection of personal information on this for consent unless required by law. Use of personal	m is authorised under th Information on this form	e Public Service Act is restricted to those	2008. You involved	r personal info	ormation will no lation and proc	t be disclosed to c	ther parties without y	your		
This form is to be used by Queenslan temporary appointment to a position	d Health employees a	nd line managers	to docun					or		
Employee Details										
Përson ID	Perso	innel assignment	number (PAN)	· · · · · · · · · · · · · · · · · · ·	Please indica	ta (✓) here if you w	orkin		
		more than one position in QLD Healt								
Family name		name/s								
PAGE	BR	RENTON								
Visa Notification (if applicable)								41.61		
If the employee to whom this movement ar (DIAC) must be notified within 10 working of Email address: QLD.Sponsor.Monitoring@in Note: The sponsorship obligations for visa h Proposed Change Type	lays of the transfer to nml.gov.au	a new location or	position,			tment of Immig	ration and Citizens	hip		
Higher duties Acting at level	[J]									
Indicate below if this form relates to either a ne		tension to an existi	nd abpoin	itment or a m	odification of	previously docu	mented appointme	nt		
New Extension		Modification		7 Y						
Proposed Position Details					A SecolAi					
Frontline position OR	Nor	Frontline position	on 🗍		Re	quest to Fill a V	acancy Form attach	ned 🗍		
Position ID	Position	on title					Classification (eg.	. AO4)		
	RE	GISTERE	NUF	RSE			GRADE 5			
Start date End date		Percentage	of higher	duties allow	ance navable	applies only to	Percentage of allo	owance		
23-07-2012 19-08	-2012				f the Public S			%		
Organisational unit number		isational unit nam								
70071571	BA	RRETT AD	OLES	SCENT			(12			
THE PARK CENTRE FOR	BATALTAL LIE	AITL				o advertisement	reference (if applic	.abie)		
Current occupant (if applicable)	WENTAL DE	Reason for high	er duties	/ acting at le		·				
Concurrent / Aggregate: Please Indicate (✓).	here if the employee v	will continue to he	old their e	existina posit	ion in coniun	ction with the p	roposed position	$\neg \neg$		
Employment basis			;	J.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	<u></u>		
Full-time Part-	simo [7]			(5-14-2-64	C4		\neg			
Award/EBA name	time 🗸	No, or part-	time nou	rs / fortnight	: 64					
Nurses (Queensland Public	Health Sector	Award 20	04 - S	ection B	- Psychi	atric Hosn	itals etc			
	মানুক্তিয়া ভূমা চন তেওঁ চাইছে এইছিল সংগ্ৰহণ	tu. Strate na transportation filtra	} पे 3 ⊱ •							
Staff Movement Details								4 N. 17 1		
Reason for vacancy					····	······································				
RN DOING HD	,									
Work Contract								<u> </u>		
Working arrangements	Shift arrangem	nents	Rec	reation le	ave accrua	1 /1000	on for additions s leave	al		
19 day month (ADO accrual)	Single shift only		1 4 w	eeks / annur	n [Work	ing public holidays	· 🗸		
Standard hours (non ADO accrual	Two shifts		5 w	eeks / annun	n [Conti	nous shift work			
Variable working hours	Continuous shift	work \square	6 w	eeks / annun	n [Work	ing with radium	ر —ا		
9 day fortnight	12 hour shift arrar	ب					graphers only)			
	applies	السا	 	The (DADIC) (
Special conditions (e.g. RANIP Nurses, etc.). P	lease refer to the Payr	on and Hostering	intranet S	oite (PARIS) fo	or more infori	nation.				
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Employee	Reference	?	Person ID ,	• • •	!		Personne	assignment	number (PAN) 	
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Work Sche Please Indicat		thir A		6b.=ua. Ma							
employee wo					ster pattern re htly/monthly			ycle to the n	r (a roster patt ext)	ern that varie	Trom
Please compl	ete the table	below using	24 hour time	e format (eg.	07:00 - 15:30)	to advise the em	ployee's roste	er for their inl	tial two week	period of emp	loyment.
Week one		·				Week two	·				
_	Start time	End time	Meal Start time	break* End time	Total daily		Start time	End time	Meal Start time	break* End time	Total dai
Day	(hhanm)	(hh:mm)	(hh:mm)	(hh:mm)	hours	Day	(hh:mm)	(hh:mm)	(hh:mm)	(hh:mm)	hours
Monday	as	per	BAU	roster		Monday	as	per	BAU	roster	
Tuesday	<u>.</u>			-		Tuesday			<u> </u>		
Wednesday						Wednesday					
Thursday Friday						Thursday					<u> </u>
Saturday						Friday Saturday					
Sunday			<u> </u>	18786长	10.21	Sunday					
Junday			LI	eekly hours		13/18 E	Y		Total v	veekly hours	
*Where a pald mea	l break applies, p	olease insert N/A	for meal break st	art and end time:		- 1					
agreement informed thi discussed wi informed the	nave: mployee is s with the line s employee o th this emplo e employee v	eeking relea manager of of any chang oyee the con where this ch	se or extensic the employe es to their FB sequences of ange applies	on of a previous	ously approved ve position n Eligibility stat to their position ary employee	I movement from tus as a conseque on, employment moving between ting appointmen	ence of this v status, terms temporary a	ariation to the of employme ssignments, c	eir employmer ent and/or ros of any impact (nt ter and	
Supervisor's si	onature				Date		Area cod	e Co	ontact number	t	
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papervisor s it	n name (pie	nze buur					Supervisor	's position titl	e		(
			, \$	中學是病		ز لاند. د	A/NUF	RSE MA	NAGER		
Employee C	ertificatio	n (mandat	ory compl	etion requ	ilred - refer	note* below)	· Mistantini			e garee sa sul	
agree to the a applicable). I a FBT Concessi position, em	bove change lso certify the on Eligibility ployment sta	es to my em at I have bee status that i	ployment how n informed b nay result fro Temploymen	urs/position. y my line ma m this variat t and/or rost	I hereby claim nager/supervi on to my emp er. I also ackno	for the extra rem sor of the consec- ployment contract wiledge that as the ward provisions.	nuneration fo quences of the t and	is change to r	ny:		•
		-			Date	~~~~	Line ma	nager's signa	ture in lieu*		
					11	<u>-7-12</u>	الــ				
otherwise bee	n completed	in full and c	letails of the i	reason that tl	ne employee d	(as above) the Su cannot sign the fo t it can be retain	orm is listed b	elow. The sig	nature of the		
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Queensland Government	Employee Mov	/ement - Tempo	rary - (High	er Duties/Acting at Leve
	Person ID	•	Personnel assignme	
Employee Reference	27.7			
	reference on a	e expeller against		
Delegate Approval (mandator				
If the employee's entitlement to recu		***************************************	elevant form/s.	
HES / SES Higher Duties only:	•			
Will the employee be allocated a gov	vernment owned motor vehicle			
Delegate's signature		Date	Area code	Delegate's Contact number
Delegate's full name (please print)		11-07-2012	(07) Delegate's position) title
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Processor's signature	Date Review	ver's signature	Date	Processed fortnight ending
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Privacy disclaimer: The collection of personal information on this form is author consent unless required by law. Use of personal information	orised under the Public Service Act 20 in on this form is restricted to those I	008. Your personal information of the nation	n will not be disclosed to nd processing of this for	o other parties without your m.
This form is to be used by Queensland Health temporary appointment to a position either in	employees and line managers to an 'at level' or higher duties cap	o document a temporary c pacity.	hange to an employe	e's existing position or
Employee Details				
Person ID	Personnel assignment no	umber (PAN)		ate (🗸) here If you work in 🦳
			more than	one position in QLD Health.
Family name	First name/s			
PAGE	BRENTON	1		
VIsa Notification (if applicable)				
If the employee to whom this movement applies hol (DIAC) must be notified within 10 working days of th Email address: QLD.Sponsor.Monitoring@immi.gov.a Note: The sponsorship obligations for visa holders ar Proposed Change Type	e transfer to a new location or p	osition.		igration and Cltizenship
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gher duties Acting at level 🗸		terioral		
Indicate below if this form relates to either a new appoir New Extension	_	g appointment or a modifica	ition of a previously do	cumented appointment
Proposed Position Details				<u> </u>
Frontline position OR	Non_Frontline position		Request to Fill a	Vacancy Form attached
Position ID	Position title			Classification (eg. AO4)
	REGISTERED	NURSE		GRADE 5
Start date End date	- Parcontage of	higher duties allowance p	avable applies only t	Percentage of allowance
20-08-2012 30-09-2012		ider the provisions of the F		%
Organisational unit number	Organisational unit name			
70071571	BARRETT ADO	DLESCENT UNI		
Facility address			Job advertiseme	nt reference (if applicable)
THE PARK CENTRE FOR MEN		12.1.5.1.	J L	
Current occupant (if applicable)	Reason for nigher	r duties / acting at level		
		Lab es		
Concurrent / Aggregate: Please Indicate (✓) here if the	e employee will continue to nok	a their existing position in	conjunction with the	proposed position
iployment basis	•			
Full-time Part-time	No. of part-tin	me hours / fortnight:	64	
Award/EBA name				
Nurses (Queensland Public Healt	h Sector) Award 200	4 - Section B - Ps	sychiatric Hos	pitals etc
Staff Movement Details				
Reason for vacancy				7
RN DOING HD				
Work Contract				
Working arrangements Shift	arrangements	Recreation leave a		son for additional eks leave
19 day month (ADO accrual) Singl	le shift only	4 weeks / annum	☐ w₀	rking publić holidays
	shifts	5 weeks / annum		ntinous shift work
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	inuous shift work		I	rking with radium lographers only)
9 day fortnight 12 nd appli	our shift arrangement [
Special conditions (e.g. RANIP Nurses, etc.). Please refe	er to the Payroll and Rostering In	itranet Site (PARIS) for mor	e information.	
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	_		Person ID				Personne	l assignment	number (PAN))	
Employee	Reference										
aayeesa Zeere	674										
Work Sche	dule	· · · · · · · · · · · · · · · · · · ·									
Please Indicat employee wo				(where the ro ils e.g. fortnig				n-cyclic roste cycle to the n	r (a roster patte ext)	ern that varies	s from
Please compl	ete the table	below using	24 hour time	e format (eg.	07:00 - 15:30	to advise the emp	oloyee's rost	er for their ini	tial two week ;	period of emp	oloyment.
Week one					<u> </u>	Week two	17.1				
				break*	i jer					break*	↓
Day,	Start time (hh:mm)	End time (bh:mm)	Start time. (hh:mm)	End time (hh:mm)	Total daily	Day	Start time	End time (hh:mm)	Start time (hhmm)	End time (hhmm)	Total daily hours
Monday	as	per	BAU	roster	3 - n	Monday	as	per	BAU	roster	
Tuesday						Tuesday	_				
Wednesday						Wednesday					
Thursday						Thursday					
Friday						Friday					
turday					***************************************	Saturday					
Sunday						Sunday					
	<u> </u>		Total w	eekly hours	***************************************			<u></u>	Total v	weekly hours	
*Where a paid mea	al break applies, p	lease insert N/A	for meal break st	art and end times					······································		1
credentials) u	nder Queens Certification	land Health on (manda	policy. Itory comp	bletion reg	űířed)	will entitle them	Apkato - Apkato - Apkato -			perending -	
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supe <u>rvisor's si</u>	ignature		_		Dat	e	Area cod	le Co	ontact number	r	
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Supervisor's fu	ull name (plea	ase print)						's position tit	le .		
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Employee's sig	_				Date	•	Line m	anager's sign	ature in lieu*		
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Continuent	Em	iployee Mo	vement	- Tempor	ary - (Hi	gher D	uties/	Acting a	at Level
Employee Reference	Person ID				Personnel assig	gnment nun	ber (PAN)	
employee Reference									
Delegate Approval (manda	tory comple	tion required)						10.24 Vol.	
f the employee's entitlement to r	ecurring allowa			forward the rel	evant form/s.				
HES / SES Higher Duties only: Will the employee be allocated a	aovernment ov	vned motor vehicle	for private use	or home parao	na durina this	period of re	lief?	Yes	No [
Delegate's signature	3 4.000	The motor venter	Date	. 51 1101116.94(29)	Area code			itact number	
			23-07-	2012	(07)				
Delegate's full name (please print)				Delegate's po				
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